

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000171345 | Submit Date: 2021-11-24 | FRN: 0020382297

Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 11/24/2021

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0019844927	KMK & Associates LLC

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
701 Harger Road Suite 190	Oak Brook	IL	60523	+1 (318) 255-2500	manager@redpeachradio.

2. Contact Representative

Name	Organization
Mary O'Connor	Wilkinson Barker Knauer, LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1800 M Street NW Suite 800N	Washington	DC	20036	+1 (202) 383- 3351	moconnor@wbklaw.

3. Application Filing Fee

Not Applicable

4. Nature of Respondent

(a) Provide the following information about the Respondent:				
Relationship to stations/permits	Entity required to file a Form 323 because it holds an attributable interest in one or more Licensees			
Nature of Respondent	Limited liability company			

(b) Provide the following information about this report:				
Purpose	Biennial			
"As of" date	10/01/2021			
	When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.			

5. Licensee(s) and Station(s)

Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permittee Name	FRN
Red Peach LLC	0020382297

Fac. ID No.	Call Sign	City	State	Service
5065	KPCH	RUSTON	LA	FM
11188	WUBR	BATON ROUGE	LA	AM
58272	KRUS	RUSTON	LA	AM
58273	KXKZ	RUSTON	LA	FM
72765	KNBB	DUBACH	LA	FM

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents

Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this report. In addition, attributable Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. If the agreement is an attributable LMA, an attributable JSA, or a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee Respondents, as well as Licensee Respondents that only hold authorizations for Class A television and/or low power television stations, should select "Not Applicable" in response to this question.

Not Applicable.

2. Ownership Interests

(a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, non-insulated partners, non-insulated members, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

Ownership Information				
FRN	0019844927	0019844927 KMK & Associates LLC PO Box		
Entity Name	KMK & Associates LLC			
Address	РО Вох			
	Street 1	701 Harger Road		
	Street 2	Suite 190		
	City	Oak Brook		

	State ("NA" if non-U.S. address)	IL		
	Zip/Postal Code 60523			
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
Positional Interests (check all that apply)	Respondent			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No	

Ownership Information				
FRN	0019844943	0019844943		
Entity Name	Kelly Provenance LLC	Kelly Provenance LLC		
Address	РО Вох			
	Street 1	701 Harger Road		
	Street 2	Suite 190		
	City	Oak Brook		
	State ("NA" if non-U.S. address)	IL		
	Zip/Postal Code	60523		
	Country (if non-U.S. Un address)		United States	
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other	- LLC Manager		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal ı	nation or Tribal entity		
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	15.0%		
Total assets (Equity Debt Plus)		15.0%		
Does interest holder have a that do not appear on this r	an attributable interest in one or more broadcast stations report?			

Ownership Information	Ownership Information					
FRN	0019839299	0019839299				
Name	Patrick J. Kelly	Patrick J. Kelly				
Address	РО Вох					
	Street 1	701 Harger Road				
	Street 2	Suite 190				
	City	Oak Brook				
	State ("NA" if non-U.S. address)	IL				
	Zip/Postal Code	60523				
	Country (if non-U.S. address)	United States				
Listing Type	Other Interest Holder					
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other	LC/LLC/PLLC Member, Other - Managing Director				
Citizenship, Gender,	Citizenship	US				
Ethnicity, and Race Information (Natural	Gender	Male				
Persons Only)	Ethnicity	Not Hispanic or Latino				
	Race	White				
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No			
from 0.0 to 100.0)	Equity	17.0%				
	Total assets (Equity Debt Plus)	17.0%				
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?						

Ownership Information		
FRN	0019839281	
Name	Thomas N. Kelly	
Address	PO Box	
	Street 1 701 Harger Road Street 2 Suite 190 City Oak Brook	
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	60523
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	

Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other - Managing Director		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	17.0%	
	Total assets (Equity Debt Plus)	17.0%	
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations	No

Ownership Information			
FRN	0019839331		
Name	Laura K. Smith		
Address	РО Вох) Box	
	Street 1	701 Harger Road	
	Street 2	Suite 190	
	City	Oak Brook	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	60523	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other - Managing Director		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	17.0%	
	Total assets (Equity Debt Plus)	17.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

FRN	0019839349		
Name	Stephen M. Schuster		
Address	РО Вох		
	Street 1	701 Harger Road	
	Street 2	Suite 190	
	City	Oak Brook	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	60523	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Managing Director		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	
(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.		ty, financial, or voting	Yes

(c) Does the Respondent or any reported interest holder hold an attributable interest in any newspaper entities in the same market as any station for which this report is filed, as defined in 47 C.F.R. Section 73.3555?

If "Yes," provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below. Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option.

NOTE: Spreadsheets must be submitted in a special XML Spreadsheet format with the appropriate structure that is specified in the documentation. For instructions on how to use the spreadsheet option to complete this question (including templates to start with), please Click Here.

If using the subform, leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i). If using an XML Spreadsheet, enter "NA" into the percentage of total assets (Equity Debt Plus) field for an interest holder unless that interest holder has an attributable interest in the newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution standard.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

No

(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other or related to each other as parentchild or as siblings?

Yes

If "Yes," provide the following information for each such the relationship.

Family Relationships			
FRN	0019839331	Name	Laura K Smith
FRN	0019839299	Name	Patrick J Kelly
Relationship	Siblings		

Family Relationships			
FRN	0019839331	Name	Laura K Smith
FRN	0019839281	Name	Thomas N Kelly
Relationship	Siblings		

Family Relationships			
FRN	0019839281	Name	Thomas N Kelly
FRN	0019839299	Name	Patrick J Kelly
Relationship	Siblings		

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?

If "Yes," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.

No

Certification

Section	Question	Response
Authorized Party to Sign	WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND /OR REVOCATION OF ANY STATION LICENSEOR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	
Certification	I certify that I have examined this report and that to the best of my knowledge and belief, all statements in this report are true, correct and complete.	Official Title: Managing Director Exact Legal Title or Name of Respondent: KMK & Associates LLC Name: Thomas N. Kelly Phone: 3182555000